

FIRST REGULAR SESSION

HOUSE BILL NO. 1013

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE EGGLESTON.

0749H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto two new sections relating to the fair individual health pricing act, with penalty provisions.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto two new sections, to be
2 known as sections 376.525 and 376.527, to read as follows:

**376.525. 1. The provisions of this section and section 376.527 shall be known and
2 may be cited as the “Fair Individual Health Pricing Act”.**

3 2. For purposes of this section, the following terms shall mean:

**4 (1) “Health care provider”, a physician, dentist, pharmacist, optometrist, or any
5 other health care professional or facility that provides health care services;**

**6 (2) “Health care service”, a service, device, or medication for the diagnosis,
7 prevention, treatment, cure, or relief of a health condition, illness, injury, or disease;**

8 (3) “Health carrier”, the same as defined in section 376.1350.

**9 3. The highest rate that a health care provider shall accept as payment in full for
10 health care services from an uninsured individual shall be no greater than the lowest rate
11 that the provider accepts from a health carrier or Medicare as payment in full for the same
12 or similar health care services.**

**13 4. The department of health and senior services shall implement procedures to
14 randomly audit a select number of the patient billing files of a select number of health care
15 providers to determine compliance with the provisions of this section. The department
16 shall determine the number of health care providers and the number of patient billing files**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 to audit. Any audit authorized under the provisions of this subsection shall be conducted
18 at the same time as the health care provider's annual state licensure inspection.

19 5. If the department determines that a health care provider has violated the
20 provisions of this section, the health care provider shall reimburse the individual who
21 received health care services for any amount the individual was overcharged and the
22 following shall apply:

23 (1) For the first violation, the health care provider shall receive a warning from the
24 department of health and senior services;

25 (2) For a second violation in a twelve month period, the health care provider shall
26 be assessed a fine of one hundred dollars or ten percent of the amount the individual who
27 received health care services was overcharged, whichever is greater;

28 (3) For a third violation in a twelve month period, the health care provider shall
29 be assessed a fine of two hundred dollars or twenty percent of the amount the individual
30 who received health care services was overcharged, whichever is greater;

31 (4) For a fourth violation in a twelve month period, the health care provider shall
32 be assessed a fine of three hundred dollars or thirty percent of the amount the individual
33 who received health care services was overcharged, whichever is greater; and

34 (5) For a fifth or subsequent violation in a twelve month period, the health care
35 provider shall be assessed a fine of five hundred dollars or fifty percent of the amount the
36 individual who received health care services was overcharged, whichever is greater.

37 6. The department of health and senior services shall promulgate rules and
38 regulations to implement the provisions of this section. Any rule or portion of a rule, as
39 that term is defined in section 536.010, that is created under the authority delegated in this
40 section shall become effective only if it complies with and is subject to all of the provisions
41 of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
42 nonseverable, and if any of the powers vested with the general assembly pursuant to
43 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
44 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
45 proposed or adopted after August 28, 2015, shall be invalid and void.

2 376.527. 1. For purposes of this section, the term "health carrier" shall have the
2 same meaning as defined in section 376.1350.

3 2. All health carriers shall offer the same premium rates to individuals purchasing
4 health insurance on the private market as are offered to individuals purchasing insurance
5 through their employer as part of a group health insurance policy.

6 3. All health carriers shall file the premium rates for every health plan variation
7 offered including all group health plans and plans offered to individuals with the

8 department of insurance, financial institutions and professional registration. All health
9 carriers shall publish such premium rates on the health carrier's website. The department
10 of insurance, financial institutions and professional registration shall publish all premium
11 rates filed with the department on the department's website.

12 4. The department of insurance, financial institutions and professional registration
13 shall implement procedures for receiving and investigating complaints regarding the
14 provisions of this section. The department shall investigate each complaint received.

15 5. If the department determines that a health carrier has overcharged an individual
16 in violation of the provisions of this section, the health carrier shall reimburse the
17 individual for any amount the individual was overcharged and the following shall apply:

18 (1) For the first violation, the health carrier shall receive a warning from the
19 department of insurance, financial institutions and professional registration;

20 (2) For a second violation in a twelve month period, the health carrier shall be
21 assessed a fine of five hundred dollars or twenty percent of the amount the individual was
22 overcharged, whichever is greater;

23 (3) For a third violation in a twelve month period, the health carrier shall be
24 assessed a fine of six hundred dollars or thirty percent of the amount the individual was
25 overcharged, whichever is greater;

26 (4) For a fourth violation in a twelve month period, the health carrier shall be
27 assessed a fine of seven hundred dollars or forty percent of the amount the individual was
28 overcharged, whichever is greater; and

29 (5) For a fifth or subsequent violation in a twelve month period, the health carrier
30 shall be assessed a fine of one thousand dollars or fifty percent of the amount the individual
31 was overcharged, whichever is greater.

32 6. The department of insurance, financial institutions and professional registration
33 shall promulgate rules and regulations to implement the provisions of this section. Any
34 rule or portion of a rule, as that term is defined in section 536.010, that is created under
35 the authority delegated in this section shall become effective only if it complies with and
36 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This
37 section and chapter 536 are nonseverable, and if any of the powers vested with the general
38 assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove
39 and annul a rule are subsequently held unconstitutional, then the grant of rulemaking
40 authority and any rule proposed or adopted after August 28, 2015, shall be invalid and
41 void.

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